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USE IN LIEU OF PTO/SB/17 (11-04)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

FEE TRANSMITTAL				Complete if Known																																																							
<b>U.S. Army Medical Research &amp; Materiel Command For FY 2005</b> (Reflects USPTO filing fees in effect from 12/08/04)				Application Number	10/057,532																																																						
				Filing Date	January 25, 2002																																																						
				First Named Inventor	Jeffrey A. LYON																																																						
				Examiner Name	P. Baskar																																																						
				Art Unit	1645																																																						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.	38644-197852																																																						
TOTAL AMOUNT OF PAYMENT		(\$)		0																																																							
<b>METHOD OF PAYMENT</b> (check all that apply)				<b>FEE CALCULATION</b> (continued)																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: <u>210-380</u> Deposit Account Name: <u>WRAIR 01-20</u> The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____				<b>2. EXTRA CLAIM FEES</b> <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims<sup>1</sup></td><td>360</td><td>180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>50</td><td>25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>200</td><td>100</td></tr></tbody></table> <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>- 20 =</td><td>0</td><td>x 50</td><td>= 0.00</td></tr></tbody></table> <table border="1"><thead><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>- 3 =</td><td>0</td><td>x 200.00</td><td>= 0.00</td></tr></tbody></table> <table border="1"><thead><tr><th>Multiple Dependent Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td></td><td>180.00</td><td></td></tr></tbody></table> <p>Subtotal (2) \$ _____</p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims <sup>1</sup>	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 20 =	0	x 50	= 0.00	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 3 =	0	x 200.00	= 0.00	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)		180.00													
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<b>SUBMITTED BY</b>																																																											
Signature				Registration No. (Attorney/Agent)	36,830	Telephone	(202) 344-4000																																																				
Name (Print/Type)	Ann S. Hobbs, Ph.D.			Date	2/3/06																																																						



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/057,532  
Applicant : LYON et al.  
Filed : January 25, 2002  
Art Unit : 1645  
Examiner : P. Baskar  
Docket No. : 38644-197852  
Customer No. : 26694

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action dated July 7, 2005, please enter the following amendments and consider the following remarks.

Listing of claims begins on page 2.

Remarks begin on page 5.

A Notice of Appeal was filed on January 6, 2006, and no additional fees are due. However, please charge any fees that may be required, and credit any refunds to deposit account no. 210-380 (referencing docket no. WRAIR 01-20 (38644-197852)).